State of Iowa

Disaster Behavioral Health Plan

April 2006

Kevin W. Concannon, Director
Iowa Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319-0114

Fields of Opportunities

STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

April 11, 2006

Karen Warner
SAMHSA
Grants Management Office, OPS
1 Choke Cherry Road
Rockville, MD 20857

Subject: **Iowa Disaster Behavioral Health Plan**

Dear Ms. Warner:

Please accept the following document as Iowa's Disaster Behavioral Health Plan, prepared in response to the CMHS Targeted Capacity Grant, relating to support for substance abuse and mental health capacity in disaster response for our state. As you know, a work group was formed during 2005, which was co-chaired by Mary Nelson of the Department of Human Services where the State Mental Health Authority is housed and Janet Zwick of the Department of Public Health, in order to complete this plan. AgriWellness, Inc. of Harlan, IA and State Public Policy Group of Des Moines, IA provided support in the development of this plan. The work group included representatives of many stakeholder groups, including providers of mental health and substance abuse services. We are pleased to provide you with this final version of Iowa's plan. Public comment is being solicited regarding this document and plans are underway to share information about the plan in a number of venues throughout the state.

Questions regarding this submission can be addressed to:

Ms. Lila P.M. Starr, Disaster Mental Health Coordinator,
Adult Mental Health Specialist, Olmstead Coordinator
Iowa Department of Human Services, Division of BDPS
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E-mail: Lstarr@dhs.state.ia.us

Sincerely,

Kevin Concannon, Director

cc: Wendy Davis, SAMHSA
Mary Nelson, Janet Zwick, Gena Hodges, Dr. Mike Rosmann

Public Comment

This document will be placed on the DHS web site upon completion. To locate the document, please visit: http://www.dhs.state.ia.us/. Go to, "Public Information," click on "reports and publications," and type in the name of the document in the search box: "Disaster Behavioral Health Plan."

A broad audience within Iowa will be notified of its' publication, including, but not limited to the following:
Iowa's Mental Health Planning and Advisory Council
Iowa's Community Mental Health Centers and many other mental health and service providers in Iowa
Iowa's Substance Abuse Providers
The Governor's office
Iowa's County Emergency Management Coordinators
All of Iowa's Central Point of Coordination administrators
The MHMRDDBI Commission and its' distribution lists and work group members
Iowa's Olmstead Consumer Taskforce members
All Olmstead State Agency Designees
All PATH providers in Iowa
Members of the Iowa Disaster Human Resources Council
Members of the Ready Reserve of potential Crisis Counseling Program services
The Iowa Disability Advocates list serve
All staff in the DHS, Division of BDPS, where the administrative functions of the State Mental Health Authority are performed

All of the above will be asked to share the information with anyone else who may be interested.

Public Comment and feedback is welcome.

Comments on the plan may be sent to:
Lila P.M. Starr
Disaster Mental Health Specialist
Adult Mental Health Specialist
Olmstead Coordinator
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lstarr@dhs.state.ia.us

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State of Iowa

Disaster Behavioral Health Plan

Executive Summary

The State of Iowa has developed and adopted this Disaster Behavioral Health Plan to be prepared to respond to the behavioral health issues that accompany emergencies/crises/disasters of all types. This plan has two main purposes: 1) To outline and organize state-level behavioral health plans and interventions that are involved in pre-disaster planning, responses to disasters, recovery from disasters and post-disaster evaluations; and 2) To help counties in the development of their disaster behavioral health plans.

The effects of emergencies/crises/disasters on behavioral health can be significant. Often people who have experienced a serious disaster report that recovery from the emotional trauma of the event is more difficult than dealing with the property damage and economic consequences caused by the event. The Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (DPH) join together in the creation of this Plan. The Plan links with overall efforts by the Iowa Homeland Security and Emergency Management (HLSEM) Division of the Department of Public Defense to coordinate responses within Iowa to any emergency/crisis/disaster.

Behavioral health responses to disasters almost always begin at the local level but they may include State and Federal assistance when the local capacity to respond to the disaster has been exceeded. Behavioral health responses to disasters entail individual, family and group crisis counseling, educational presentations, distribution of psychoeducational literature and connecting individuals, families, and communities with resources that they may need to restore social and psychological functioning. Behavioral healthcare includes mental health services, treatments for substance misuse and other addictions, and a broad range of social and emotional supports designed to restore the psychological wellbeing of individuals, their families and communities.

This document describes the purposes and goals of the State Disaster Behavioral Health Plan and the principles that guide State level behavioral health responses to disasters. The Plan discusses phases of disasters and recovery. The Plan describes how behavioral health responses begin at the local level and transition to State and Federal levels when the capacity to respond at the previous level has been exceeded. The document illustrates suggested elements of county disaster behavioral health plans. Both county and state disaster behavioral health plans involve several stages: pre-disaster planning, first responses to disasters (i.e., psychological first aid, gradual transition into a recovery phase and eventually a post-disaster stage). The document concludes with recommended evaluation measures and a schedule of revisions to county and state plans. Comments

and questions may be addressed to the Disaster Mental Health Coordinator, who is located in the Iowa Department of Human Services.

I Introduction and Background

The Iowa Disaster Behavioral Health Plan is found in Attachment 1 to Annex L: Human Services of the Iowa Emergency Response Plan, Part A. The Iowa Disaster Behavioral Health Plan also coordinates with Annex S of the Iowa Emergency Operations Plan and the DHS Continuity of Operations and Continuity of Government Plan, Annex Q, and the DPH Continuity of Operations and Continuity of Government Plan, Annex Q. DHS has the primary responsibility for insuring that the State fulfills its responsibilities for providing disaster behavioral health services when needed. DHS is the State Mental Health Authority. As Table 1 shows, the DHS Division of Results Based Accountability and the DHS Disaster Mental Health Coordinator have primary responsibility for carrying out disaster behavioral health services. DHS links with the Iowa Department of Public Health Disaster Substance Abuse Coordinator to ensure that substance abuse issues are also addressed as part of disaster behavioral health services. As Table 1 shows further, DHS maintains a Ready Reserve of disaster behavioral health responders. The Ready Reserve consists of persons who have been trained to respond to the behavioral health issues that accompany emergencies/crises/disasters of all types. The Ready Reserve are volunteers who are geographically dispersed throughout the state and who are representative of the overall population of the state by age, gender, ethnic background and urban and rural location.

Almost all disasters, whether large or small or whether they occur with or without warning, begin at a local level. Responses to disasters also begin at the local level. County Emergency Management Coordinators (EMCs) and County Emergency Management Commissions are responsible for pre-disaster planning at the local level and for any formal governmental response to disasters at the local level. In order to undertake planning for disaster behavioral health responses at the local level, county EMCs and the local County Emergency Management Commissions are advised to contact the State for information and to link the county plan with the state plan. This state plan is designed to assist county EMCs and County Emergency Management Commissions in the development of county disaster behavioral health plans.

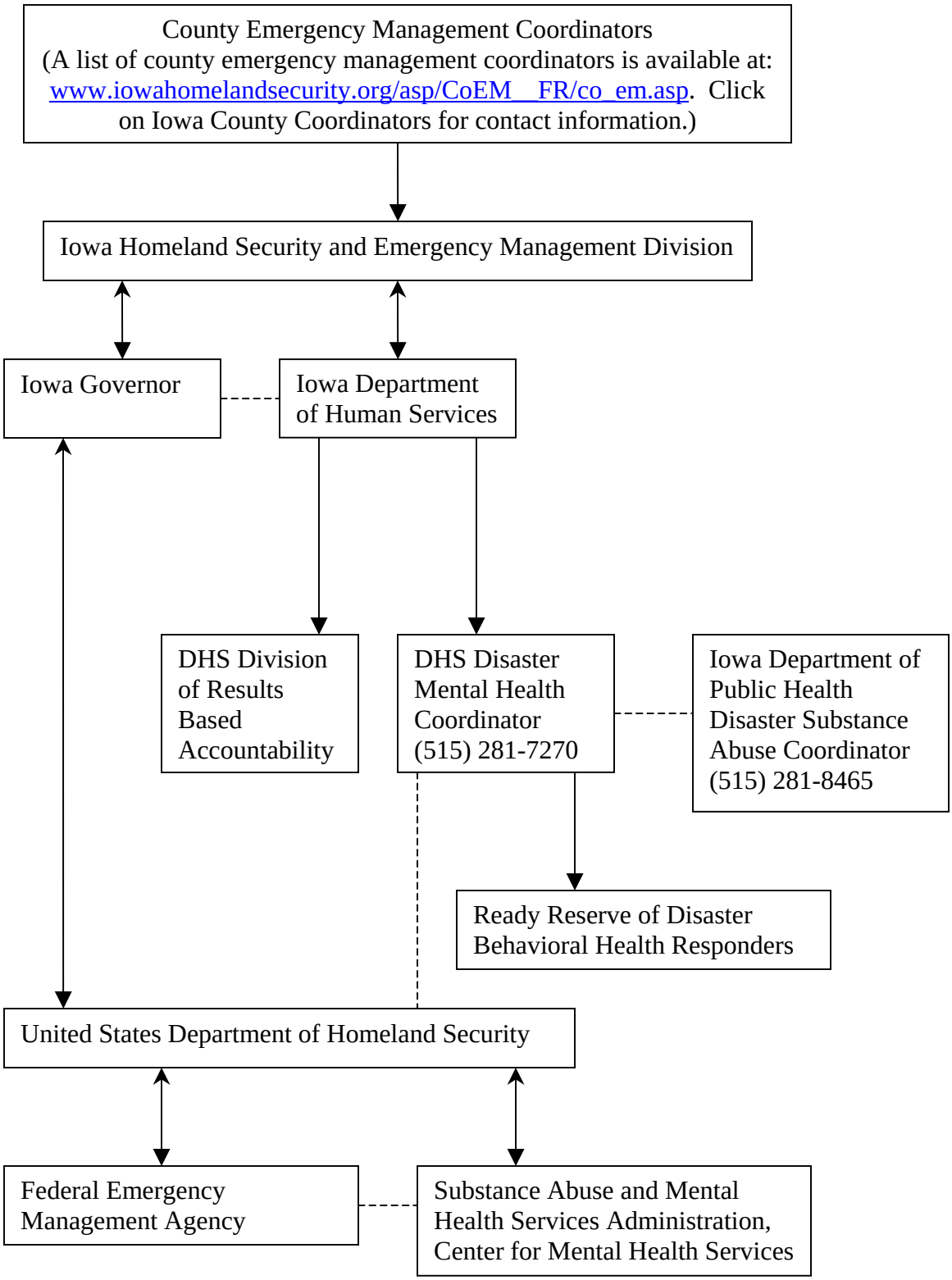
Local responses to disasters can be informal (e.g., neighbors and volunteers helping a family clean up after a tornado has damaged the family's home) or formal (e.g., the county EMC, with assistance of the local mental health center, organizes an educational workshop for community citizens to help them cope with stress after a tornado has damaged the area). This Iowa Disaster Behavioral Health Plan pertains to the mobilization of formal responses to disasters at the local level and indicates how State and Federal resources can be requested to augment local disaster behavioral health responses. Table 1 illustrates the key components of an Iowa disaster behavioral health response. Usually the State response begins when an EMC contacts the Iowa HLSEM to ask for assistance. Iowa HLSEM contacts the Iowa Governor and DHS, which may contact the United States Department of Homeland Security (USDHS) when local and

state capacities to respond are overwhelmed. There are some occasions, however, when the State response begins with notification by Iowa HLSEM or other state and federal agency notification to local officials that a disaster is impending or has occurred in the local area. Local, State and Federal elements link together to create an integrated disaster behavioral health response.

The development of this plan was funded by a grant from the Substance Abuse and Mental Health Services Administration: Targeted Capacity Expansion Grants to enhance State capacity for emergency mental health and substance abuse response, #5 H79 SM55189, Enhancing Iowa's MH/SA Emergency Response Capacity. This plan was devised by the Disaster Behavioral Health Workgroup, which began meeting in 2005 and met every few weeks for several months until the draft was completed in February 2006. The members of the workgroup are shown in Appendix 1.

Input for this plan was sought from providers of mental health that affiliate with the Iowa Association of Community Providers, providers of substance abuse services that associate with the Iowa Substance Abuse Program Director's Association, the Iowa Chapter of the American Red Cross, Magellan Behavioral Health Care of Iowa, DHS, DPH and HLSEM. Feedback will also be obtained from persons who represent EMC's and county central points of coordination (CPCs). This plan will also receive public scrutiny in a mental health/substance abuse provider hearing. The Plan will be presented for comment and as an educational event in conjunction with the Iowa Governor's Conference on Substance Abuse, the annual meeting of the Iowa Association of Community Providers, the Iowa Conference on Homeland Security and Emergency Management and a training session for county EMCs and CPCs. Finally, the plan will be placed on the DHS web site and public comment will be invited.

Table 1: Key Components of an Iowa Disaster Behavioral Health Response



II Purpose/Goals

The purpose of this plan is to provide the framework for a collaborative response to the mental health and substance abuse issues that can accompany disasters/crises/emergencies of all types. While the main collaborative partners are DHS and DPH, providers of mental health and substance abuse treatment services in Iowa may also share in behavioral health responses to traumatic events that affect the state. As Table 2 shows, disaster behavioral health response levels begin at the county and proceed to State and Federal levels when the previous level of response has been overwhelmed. Each response level (i.e., county, State or Federal) has its own administrative responsibility, funding sources, behavioral health technical resources and plan.

Depending on the type of emergency, first responders at the local level may include law enforcement (e.g., city police, county sheriff department), fire fighters, emergency medical technicians, public health officials (e.g., city health department, county health and/or public health department), public works and other local personnel whose duties include responding to any emergency/crisis/disaster. Local first responders may call for other local backup assistance (e.g., a small town fire department may ask neighboring fire departments for help fighting a large fire). If the traumatic event involves a threat to public health, the local first responders may report the event to the county EMC, at which point the response becomes formal instead of informal. The county EMC may mobilize additional local resources identified in the county disaster behavioral health plan, using local providers of disaster behavioral health (e.g., local chapter of the American Red Cross, local hospitals, local mental health and/or substance abuse providers, local Critical Incident Stress Management [CISM] or Critical Incident Stress Debriefing [CISD] team), local volunteer organizations (e.g., any local Community Organizations Active in Disasters [COAD] and local Voluntary Organizations Active in Disasters [VOAD], church groups [the Salvation Army, Lutheran Disaster Services, American Baptist Men, Mennonite Disaster Services, Nechama Jewish Response to Disaster] and any other locally available resources). Local funds pay for local responses. If the county EMC determines that the traumatic event already exceeds or will exceed local resources, the county EMC may request assistance from other responders within counties with which they have legal agreements or from the State of Iowa. Resources that are geographically nearby often are called in first by contractual arrangement through 28E agreements among counties or the Iowa Mutual Aid Compact (IMAC) before state resources are requested. However, all county EMCs in Iowa are able to access the Iowa HLSEM at any time to request assistance.

Sometimes a formal county response to an emergency/crisis/disaster is signaled to the county EMC by the State. For example, Iowa HLSEM may notify the county EMC of a train derailment that has caused the release of noxious gas. There are occasions when federal notification can occur, such as dissemination of a tornado warning by the National Weather Service.

Table 2: Disaster Behavioral Health Response Levels in Iowa

Administrative Responsibility	Funding Sources	Response Level	Behavioral Health Technical Resources	Disaster Behavioral Health Plan
FEMA[1]	FEMA	Federal (e.g., FEMA employees)	SAMHSA[2] Disaster Technical Assistance Center	NIMS[3], FEMA/SAMHSA
Iowa DHS[4]	Iowa DHS	State (e.g., state employees, Ready Reserve)	Iowa DHS & Iowa DPH[5]	Iowa Disaster Behavioral Health Plan Iowa (Annex L)
County EMC[6], CPC[7], or other local officials; often the administrative responsibility is informal	Local sources, both governmental (e.g., county supervisors, city council) and private	County (e.g., local fire departments, EMTs[8], law enforcement, other first responders	Local community mental health centers, substance abuse treatment providers and other public and private mental health and addictions professionals	County Disaster Behavioral Health Plan

[1] Federal Emergency Management Agency
[2] Substance Abuse and Mental Health Services Administration
[3] National Incident Management System
[4] Iowa Department of Human Services
[5] Iowa Department of Public Health
[6] Emergency Management Coordinator
[7] Central Point of Coordination
[8] Emergency Management Technicians

The State response to disasters is coordinated through the Iowa HLSEM, which may request assistance from DHS to respond to behavioral health needs that accompany emergencies/crises/disasters. State disaster behavioral health responses augment local efforts rather than replace them. In like fashion, when the need for behavioral health assistance exceeds the state and local capacity, a federal disaster declaration is requested by the Governor through the Federal Emergency Management Agency (FEMA) of the USDHHS. The state request is submitted to the FEMA regional office where it is reviewed and if validated, sent to the FEMA national office for its review. If validated at that level, the request is sent for the President's signature. When the President approves a disaster declaration, there are two possible levels of assistance: 1) public assistance, to help repair and replace disaster damaged public infrastructure and 2) individual assistance to provide help to victims. Disaster behavioral health assistance is a component of individual assistance. The disaster mental health coordinator may take responsibility for requesting a Crisis Counseling Program (CCP) for those counties approved for individual assistance.

DHS, using funds from the Targeted Capacity Enhancement Grant, worked with DPS to provide training to approximately 400 first responders and interested others throughout Iowa in 2004 and 2005 to sensitize these individuals and first responders to the behavioral health issues that can accompany disasters of all types. The training was undertaken by contractual arrangement with AgriWellness, Inc., a nonprofit organization that provides behavioral health trainings to professionals and paraprofessionals and State Public Policy Group (SPPG), which assisted with publicity for the training.

Iowa has formed a Ready Reserve of disaster behavioral health responders, with approximately 75 individuals who were selected from the sensitization trainings and who have completed at least 20 hours of advanced instruction. The Ready Reserve can be called into action by the DHS Disaster Mental Health Coordinator, in response to requests by the Governor or the DHS Director. These disaster behavioral health responders can provide emergency psychological first aid through a state funded program, if resources are available, and help assess the need for a federally funded crisis counseling program. Members of the Ready Reserve may also be called upon to provide local disaster behavioral health assistance. Often the Ready Reserve of disaster behavioral health responders can help assess the need for a crisis counseling program and assist in carrying out the crisis counseling program.

III Guiding Principles

The Disaster Behavioral Health Plan workgroup identified key principles that guide this plan and its implementation. These guiding principles include the following:

- All Iowa residents in need of disaster behavioral health assistance deserve fair and competent disaster behavioral health services.

- Disaster behavioral health services provided in conjunction with this plan shall respect basic human rights, which shall include fair and equal treatment without regard to race, color, ethnic background, age, religion, gender, political affiliation, income level, disability condition, sexual orientation, marital or family status or any other personal characteristics.

- Disaster behavioral health services shall take into account the culture of the persons affected by the traumatic event and to respond to their needs in a fashion that is sensitive to their culture. Thus, disaster behavioral health services must be culturally sensitive, gender appropriate, linguistically and developmentally suitable for the persons in need of assistance.

- Disaster behavioral health response is a local responsibility first but state and federal resources may be requested as needed.

- All publicly funded agencies have a duty to respond if possible and if requested. If requested to respond, the publicly funded agency shall indicate their capacity to respond. If their capacity is exceeded by the need, this shall be documented and additional resources shall be requested to augment the services.

- When a federally funded Crisis Counseling Program is implemented, these disaster behavioral health services shall be free, practical, confidential and available at places that are most convenient to the persons in need of assistance, such as their place of residence, their community or other neutral sites.

- Disaster behavioral health providers shall be trained in disaster behavioral health utilizing the Red Cross training, CISM or CISD and/or the Crisis Counseling Program model. If the responders provide Crisis Counseling Program services, they shall be familiar with Crisis Counseling Program principles, expectations and skills.

- Behavioral health resources mobilized by the State will build upon structured responses identified by the local entity responding first to the emergency/crisis/disaster. The State will not replace local responses already in place. Disaster behavioral health responders will work in concert with other health care providers, emergency responders, public health officials, emergency managers, planners, COADs and VOADs.

- Disaster behavioral health services are aimed at restoring individuals, families and communities to normal functioning as quickly as possible, capitalizing on their strengths and emphasizing that it is normal to experience psychological reactions to traumatic events. Referral for other forms of assistance (e.g., educational assistance, financial aid) is also a component of disaster behavioral health services.

- It is recommended that each county develop a behavioral health response plan that integrates with the local, regional, state and federal plans. Each behavioral health agency shall have its own response plan which links with the local, county, regional, state and federal plans.

- Behavioral health services shall be provided in an evidence-based manner to the maximum extent possible. Furthermore, providers shall adhere to accepted professional standards and practices in the delivery of services.

- Iowa adopts the recommendations resulting from the 2001 National Institute of Mental Health (NIMH) workshop to reach consensus on best practices in early psychological intervention for victims/survivors, as shown in Table 3.

Table 3: Guidance on Best Practice Based on Current Research Evidence. *

Thoughtfully designed and carefully executed randomized controlled trials have a critical role in establishing best practices. There are, however, few randomized controlled trials of psychological interventions following mass violence. Existing randomized controlled trial data, often from studies of other types of traumatic events, suggest that:

- Early, brief, and focused psychotherapeutic intervention can reduce distress in bereaved spouses, parents and children.
- Selected cognitive behavioral approaches may help reduce incidence, duration, and severity of acute stress disorder, post-traumatic stress disorder, and depression in survivors.
- Early interventions in the form of single one-on-one recitals of events and emotions evoked by a traumatic event do not consistently reduce risks of later post-traumatic stress disorder or related adjustment difficulties.
- There is no evidence that eye movement desensitization and reprocessing (EMDR) as an early mental health intervention, following mass violence and disasters, is a treatment of choice over other approaches.

Other practices that may have captured public interest have not been proven effective, and some may do harm.

*National Institute of Mental Health (2002). Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practice. NIH publication #02-5138, Washington, D.C.: U.S. Government Printing Office, page 2.

Iowa Geography and Demography. Iowa contains 55,869 square miles, of which 88.7% is farm land (National Agricultural Statistics Service, 2004). Only ten of Iowa's 99 counties are considered metropolitan (Ricketts, 1999). In 2005, Iowa ranked first in the production of feed grains and products, live animals and meat except poultry and in the production of soybeans and soybean products among the 50 states. Iowa's 90,000 farms produce agricultural products that rank the state second overall (Economic Research Service, 2005). Iowa is one of the most rural states in the country, for 54.4% of its 2.9 million residents are considered non-metropolitan (Economic Research Service, 2005).

However, less than 10% of Iowa's residents actually live on farms. Most Iowans live in the ten metropolitan counties and in Iowa's many towns and villages.

Most of Iowa's significant disasters have been weather-related events, such as floods and tornadoes. In 2004 Iowa experienced 110 flash floods and 69 tornadoes during a three week period from late May – mid June which resulted in Presidentially declared disasters in 75 counties that became eligible for individual assistance, including a Crisis Counseling Program. The Crisis Counseling Program, called Iowa Recovers, enabled 25 trained outreach workers to provide FEMA-funded Crisis Counseling Program services over a one-year period that reached more than 4,000 residents. This Crisis Counseling Program augmented many other disaster behavioral health responses provided by local first responders in the disaster-affected areas, assistance from the Iowa Chapter of the American Red Cross and services provided by many county and church groups, most of whom affiliate with the IDHRC.

On November 5, 2005, tornadoes struck nine communities in central Iowa. A state-funded Crisis Counseling Program was implemented for a four-week period. The Governor declared the devastated area a disaster but the extent of damages did not rise to the level of a Presidential disaster declaration. In 2005 and 2006, Iowa also participated in a state and federally funded Crisis Counseling Program to assist persons relocated to Iowa because of Hurricane Katrina. During this Crisis Counseling Program, special emphasis was placed on providing culturally appropriate services to the evacuees who came to Iowa. FEMA funded "Responding to Katrina" as part of the Mississippi disaster declaration.

Although most of Iowa's natural hazards are tornadoes, floods, droughts, blizzards and excessive wind events, Iowa is vulnerable to economic crises, especially in the agricultural sector and to a lesser extent in the manufacturing sector. There have been significant traumatic events such as the crash of Flight 232 near the Sioux City, IA airport in 1989 and other traumatic events which were at least partially caused by humans, such as train derailments, moving vehicle crashes on Iowa's roadways and major fires.

Following the tragedies on September 11, 2001, Iowans have realized their vulnerability to terrorist events, especially hazardous biological events such as the release of airborne pathogens and chemicals. Nuclear disaster risks exist, for Iowa lies just east of the Fort Calhoun, NE nuclear power plant in an area largely influenced by westerly winds. Iowa also is home to the Duane Arnold Energy Center, a nuclear power plant located at Palo, IA, just west of Cedar Rapids in Linn County.

Iowa's population is becoming more diverse. Although 93.7% of Iowa residents are considered white, 3% of these persons report Hispanic/Latino background. Another 2.5% of Iowa residents are black, 1.5% report Asian ethnicity, less than 1% report American Indian heritage and another 1.7% report other ancestry (U.S. Census Bureau, 2002). It is important for disaster behavioral health responders to take into account Iowa's rich rural and agricultural heritage and its increasing ethnic diversity, which includes a rapidly

growing Hispanic/Latino population and significant enclaves of Amish and Mennonite farmers, Sudanese, Southeast Asian and Bosnian immigrants.

Authority. Iowa Code Section 29C.8 requires the administrator of HLSEM to prepare a comprehensive plan for homeland security, disaster response, recovery, mitigation, and emergency resource management for the state. This comprehensive plan is comprised of four parts:

Part A: Iowa Emergency Response Plan
Part B: Iowa Hazard Mitigation Plan
Part C: Iowa Disaster Recovery Plan
Part D: Iowa Critical Asset Protection Plan (confidential per Iowa Code Section 22.7, Confidential Records)

The Iowa Emergency Response Plan serves as the state disaster emergency response document. Annex L: Human Services, when activated, calls upon Iowa Department of Human Services to respond in accordance with this Disaster Behavioral Health Plan. Iowa HLSEM has overall authority for coordinating responses to emergencies/crises/disasters and coordinates with DHS and DPH as needed. Table 4 traces this authority to implement an Iowa disaster behavioral health response.

Table 4: Steps and Timeline for Implementing an Iowa Disaster Behavioral Health Response *

1. Day Zero: Incident occurs.
2. Day One: Local disaster behavioral health plan is implemented to provide psychological first aid.
3. Day One: Implement the disaster behavioral health response plan as referenced in the Iowa Emergency Operations Plan – Part A Response, Annex L; detailed in the Iowa Emergency Operations Plan – Part B Recovery, Annex S; and further detailed in DHS Continuity of Operations and Continuity of Government Plan, Annex Q, and DPH Continuity of Operations and Continuity of Government Plan, Annex Q.
4. Day One or at any time thereafter: Begin assessment of local disaster behavioral health resources.
5. Day One or at any time thereafter: Local and State officials determine that the needs exceed the capacity of local disaster behavioral health response.
6. Day One or at any time thereafter: Local emergency management agency requests state resources assistance from HLSEM.
7. Day One or at any time thereafter: HLSEM contacts DHS and requests implementation of the disaster behavioral health response plan and assessment of the need for a crisis counseling program (CCP). Discussion of available resources begins.
8. Usually on the same day the request for state assistance is received: Iowa's Governor issues a State disaster declaration.
9. Usually the same day the Governor's declaration is issued or as shortly thereafter as possible: Based on the availability of financial resources, the DHS Disaster Mental Health Coordinator contacts the Iowa Ready Reserve to mobilize available outreach workers to provide psychological first aid while the need for a CCP is being assessed.

A: meanwhile, county, state and federal level officials complete damage assessments.
B: If the State assessment determines that damages are sufficient to request Federal assistance, the Governor sends a letter to the President.
C: If Federal officials validate the request, the President issues a Federal/Presidential disaster declaration.
D: The Federal disaster declaration must include individual assistance, to allow application for Federal CCP funds.

10. Usually the same day of the Presidential Declaration or as shortly thereafter as possible: Based on the DHS assessment of need, if the determination is made that the needs exceed the State's resource capacity for providing disaster behavioral health response, an application for a Federal CCP may be prepared.
11. Within 14 days of a Presidential declaration: An application for Federal Immediate Services Program (ISP) funding is submitted to FEMA and the Center for Mental Health Services.
12. Five – thirty days after the ISP application is submitted: The ISP application is denied or is approved for a 60 day period beginning on the date of Presidential disaster declaration. If approved, a federally funded CCP is implemented.
13. As soon as possible after the Federally funded ISP is approved: Mandatory training of ISP outreach workers is undertaken, and DHS begins the assessment of the need for a Regular Services Program (RSP).
14. 60 days after Presidential disaster declaration: The ISP ends unless an extension is approved.
15. 60 days after Presidential disaster declaration: If the need for a RSP has been determined, the RSP application is due.
16. Usually five – ninety days after the RSP application is submitted: The application for a RSP is approved or denied; if denied, the CCP ends.
17. As soon as possible after the RSP is approved: Mandatory training of RSP outreach workers is undertaken.
18. Nine months after the RSP application is approved: The RSP ends unless an extension is approved.
19. 30 days after the RSP ends: The final RSP report is due.

***** This disaster behavioral health plan references the Iowa Emergency Operations Plan – Part A Response, Annex L; and the Iowa Emergency Operations Plan – Part B Recovery, Annex S. The steps and timeline outlined here are a synopsis of the process and are not intended to replace the more detailed guidance found in the plans and annexes noted above.

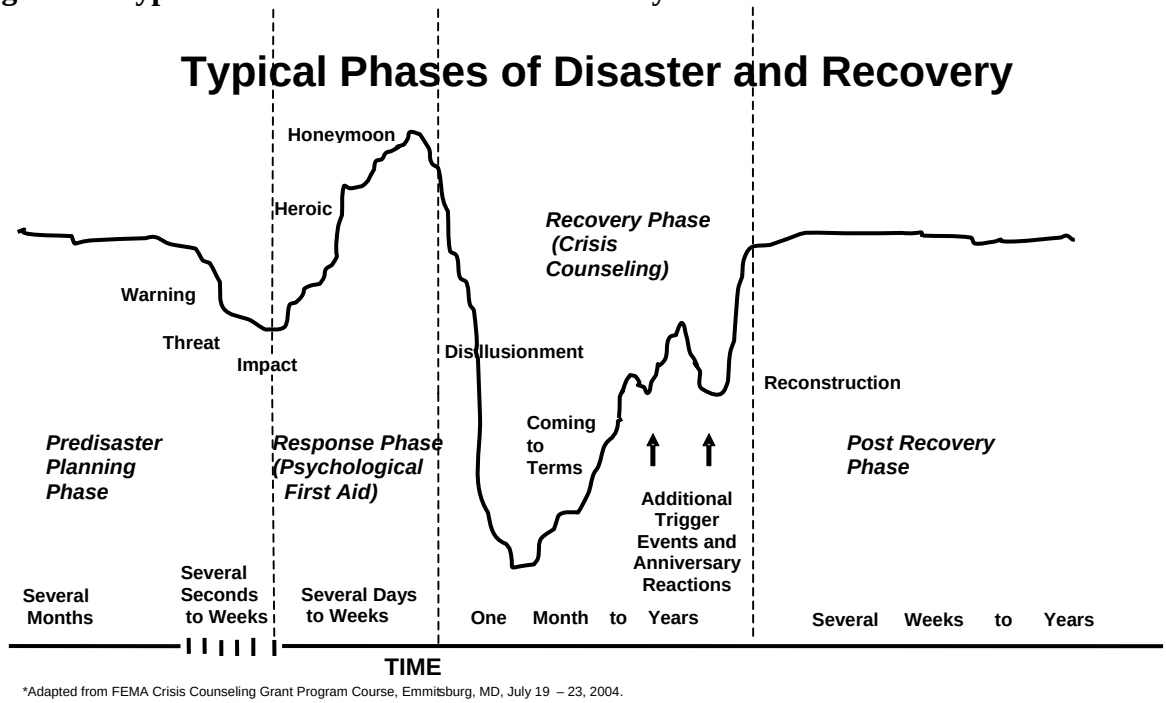
Iowa Code, Section 29C.8 also provides the authority for County Emergency Management Commissions in Iowa to plan for emergencies/crises/disasters at the local level. Chapter 7 of the Iowa Administrative Code (IAC) specifies the statutory duties and powers placed upon local authorities, chiefly EMCs, to undertake required planning to respond to traumatic events. Chapter 9 of the IAC specifies how state and local

emergency response plans coordinate together. Disaster behavioral health planning should be part of state and local emergency/crisis/disaster planning. Local EMCs have responsibility for reviewing local, city and county disaster behavioral health response plans. The state disaster mental health services coordinator has responsibility for convening a review of the State Disaster Behavioral Health Plan as required and updating the plan as necessary. Updates of the plan shall coordinate with the schedule set by HLSEM for review of the Iowa Emergency Response Plan.

IV Phases of Disaster and Recovery

There are common features of all responses to emergencies/crises/disasters. Each event has a pre-disaster planning phase, a disaster response phase, a recovery phase and a post-recovery phase. Figure 1 illustrates the typical phases of disaster and recovery.

Figure 1: Typical Phases of Disaster and Recovery



*Adapted from FEMA Crisis Counseling Grant Program Course, Emmitsburg, MD, July 19 – 23, 2004.

Chapter VII of the State Disaster Behavioral Health Plan is devoted to pre-disaster planning. Disaster impacts can vary too; some are immediate and may have little warning such as a head-on collision of two trains on the same track, while others are protracted and have lengthy warnings, such as a drought. Chapter VIII of this plan is devoted to disaster impacts.

Psychological first aid is the first post-event behavioral health response. First responders such as rescue squad personnel, the Red Cross and others who are among the first to arrive on the scene may provide psychological first aid informally. A formal State

psychological first aid response can be implemented shortly after Iowa's governor issues a disaster declaration and requests a State disaster behavioral health response. The Ready Reserve can be mobilized to provide psychological first aid within a matter of hours, as resources are made available. Psychological first aid is discussed in Chapter VIII of this plan.

By design, the provision of psychological first aid is usually not part of a formal Crisis Counseling Program. Crisis counseling is best suited to helping disaster victims after the immediate trauma has stabilized, needs for safety have been addressed and disaster victims can begin dealing with the longer term emotional impact of the traumatic event. If psychological first aid is provided, there is a gradual transition into the crisis counseling program phase. Most disasters usually involve heroic efforts by the victims and disaster responders alike to attend to the distress. Post event alarm and anxiety are normal responses to traumatic events. Usually fatigue, depression and anger follow, leading to disillusionment. The recovery phase is usually much longer than psychological first aid. Additional trigger events and anniversary reactions often produce setbacks in adjustment, which warrant repeated crisis counseling program contacts and other wrap-around services such as referral for other resources. Chapter IX deals with recovery.

The post recovery phase also varies from one event to another. Sometimes recovery has not been completed before another disaster strikes (e.g., multiple tornadoes over a several month period). In other cases there may be a long post disaster phase before the next traumatic event occurs (e.g., wars). Chapter X of this plan is about post recovery.

Disasters can vary in terms of their scale, from a localized event which requires only an informal local response (e.g., critical incident stress debriefing following a multiple fatality car crash), to a formal local response (e.g., county EMC mobilizes local disaster behavioral health responders such as the local mental health center to provide behavioral health services to persons whose homes and businesses were affected by a flood) to an informal state response (e.g., churches throughout the state undertake collections of money to aid persons who lost jobs during a financial recession), to a formal state response (e.g., the State Disaster Mental Health Coordinator mobilizes the Ready Reserve to assist persons in multiple communities to deal with a large tornado that does not result in FEMA funding) to a federally-funded crisis counseling program, such as that which was implemented following relocation of many persons to Iowa as a result of Hurricane Katrina.

V Response Levels

The Iowa Disaster Behavioral Health Plan has been developed to organize Iowa's response to all incidents that involve an emergency. This plan is consistent with the Iowa Homeland Security Strategy, which adopted the National Incident Management System definition of emergency: an emergency is any incident(s), human-caused or natural, that requires responsive action to protect life or property. These incidents can include rural and urban fires, floods, hazardous material spills, nuclear accidents, aircraft accidents,

earthquakes, hurricanes, tornadoes, other storms, war related disasters, terrorist attacks, terrorist threats, public health and medical emergencies, and other occurrences requiring an emergency response. Also consistent with the Iowa Homeland Security Strategy, the Iowa Disaster Behavioral Health Plan coordinates with specific strategies to assure that the health of Iowa's citizens is protected against chemical, biological, and radiological terrorism along with everyday health concerns. Furthermore, since Iowa is a heavily agricultural state, the Iowa Disaster Behavioral Health Plan is consistent with the Iowa Homeland Security Strategy for agro-terrorism.

The Iowa Disaster Behavioral Health Plan coordinates with the 2005 Iowa Homeland Security Strategy concerning the following Iowa Focus:

- Utilize new technologies
- Employ an All Hazards approach for response and recovery
- Maintain an emphasis on incident command
- Embrace the National Response Plan (NRP) and ensure its smooth implementation
- Build coalitions and workgroups
- Enhance capabilities through planning, training and exercising
- Address sustainability considerations in all planning endeavors
- Ensure that strategies are measurable
- Develop and implement priorities within the state, which include the following:

    - Regional significance
    - Preparation of first responders/first preventers
    - Enhancement of our capability and capacity to gather and share information and produce actionable intelligence by continuously leveraging and improving upon existing information systems and, when necessary, implementing new systems
    - Protection of Iowa's cyber infrastructure
    - Continual enhancement of Iowa's public health/bio-terrorism preparedness capability and capacity
    - Protection of Iowa's food and agricultural assets across the state
    - Protection of Iowa's critical assets
    - Implementation of multi-dimensional communications interoperability
    - Enhancement of specific response team capabilities and capacities across the state

Under the Robert J. Stafford Disaster Relief and Emergency Assistance Act, an emergency means any occasion or instance for which, in the determination of the President of the United States, federal assistance is needed to supplement state and local efforts and capabilities to save lives and to protect property and public health and safety or to lessen or avert the threat of a catastrophe in any part of the United States. Presidential declaration of a disaster which entails individual assistance is necessary to implement a FEMA funded Crisis Counseling Program. The Governor of Iowa must first declare the affected area a disaster; the Governor's declaration is then submitted to the

President. The Governor's declaration also mobilizes Iowa's resources in response to the event, including the potential for a state funded Crisis Counseling Program. A state funded Crisis Counseling Program is implemented by DHS, if and when requested through HLSEM.

As Table 5 indicates the level of disaster behavioral health response ranges from the local, through state and up to federal levels.

Table 5: Disaster Behavioral Health Response Levels and Resources

Local Level:

- Local Chapter of the American Red Cross (http://www.desmoines-redcross.org)
- Local hospitals and clinics (http://www/ihaonline.org)
- Local community mental health centers and other public providers of mental and behavioral health services (http://www.iowaproviders.org)
- Local private providers of mental health services: Iowa Psychiatric Society (http://www.iowapsych.org), Iowa Psychological Association Disaster Response Network (563-582-3721), Iowa Chapter of NASW (http://geocities.com/naswiowa), Iowa Nurses Association (http://www.iowanurses.org), Iowa Licensed Mental Health Counselors (http://therapist.psychologytoday.com/ppc.state.Iowa.html), and Iowa Association of Nurse Practitioners (http://www.iowaanp.org)
- Local substance abuse treatment providers and other available addiction services (http://www/drugfreeinfo.org)
- Local public providers of substance abuse treatment: Iowa Department of Public Health, Division of Behavioral Health and Professional Licensure, Licensed Substance Abuse Treatment Programs (http://www.idph.state.ia.us/bhpl/common/pdf/substance_abuse/licprograms.pdf), and Iowa Substance Abuse Program Directors' Association (http://www.isapda.org/memberslist.html)
- Local providers of support group services/help lines: Alcoholics Anonymous (http://www.aa-iowa.org), Narcotics Anonymous (http://iowa-na.org), 1-800-Bets-Off (http://www.1800betsoff.org), Iowa Al-Anon (http://alcoholism.about.com/od/meetala/a/alanon_ia.htm), Iowa Al-Anon and Alateen (http://www.iowa-al-anon-alateen.org)
- Local case managers, county DHS workers: (http://www.dhs.state.ia.us/), go to Frequently Visited Links and click on Local DHS Offices. Click on the map or choose from a list.
- County public health nurses (http://www.DPH.state.ia.us/hpcdp), scroll down to Links of Bureaus and Programs in the Division of Health Promotion & Chronic Disease Prevention, click on Bureau of Local Public Health Services. Scroll down to Bureau Resources and click on Program Services Directory.
- Local providers of CISM and CISD (http://www.desmoines-redcross.org, http://www.anglefire.com/ia.cismnetwork or call 1-877-CAL-CISM)
- Iowa State University Extension county office (http://www.extension.iastate.edu/Counties/state.html)
- Local volunteer organizations affiliated with the American Red Cross

(http://www.redcross.org/where/chapts.asap). To find your local chapter, enter the zip code or click on you state name on the map
- Other local providers of mental health, substance abuse and other behavioral health responses may be indicated in the local county disaster behavioral health response plan (http://www.iowahomesecurity.org/asp/CoEM_FR/co_em.asp)
- County Central Points of Coordination (CPCs) can be found on a website maintained by DHS (http://www.dhs.state.ia.us/mhdd/MHDDCPCList.htm).

State Level:
- Iowa Department of Human Services:
  - Disaster Mental Health Coordinator (515-281-7270)
- Iowa Department of Public Health:
  - Disaster Substance Abuse Services Coordinator (515-281-8465)
  - Iowa Disaster Human Resource Council Coordinator at HLSEM (515-323-4313), (http://www.iowahomelandsecurity.org/asp/programs/idhrc.asp)
  - Unmet Needs Community Liaison with HLSEM (515-281-8196),
- Iowa Concern Hotline (800-447-1985, (http://www.extension.iastate.edu/iowaconcern)

Federal Level:
- Federal Emergency Management Agency Crisis Counseling Program. Information can be accessed at (http://www.fema.gov/rrr/inassist.shtm); Application for a Crisis Counseling Program must be undertaken through the DHS Disaster Mental Health Coordinator
- Substance Abuse and Mental Health Services Administration Disaster Technical Assistance Center (http://www.mentalhealth.samhsa.gov/dtac)
- American Red Cross Disaster Mental Health Volunteers (http://www.redcross.org/services/disaster)
- U.S. Department of Health and Human Services (2003). Mental Health All-Hazards Disaster Planning Guidance. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Pub. No. SMA 3829, available at www.samhsa.gov and at 1-800-789-2647 or 1-866-889-2647 (TDD); this publication lists additional federal and private resources, publications, and the elements of an All-Hazards State Disaster Mental Health Plan

Mental Health and Substance Abuse Providers in Iowa. The Iowa Disaster Behavioral Health Plan builds on key elements of the Iowa mental health and substance abuse services systems. The Iowa system of community-based services for adults with a mental illness is largely administered by counties. The Iowa DHS is the State Mental Health Authority (SMHA). The SMHA collaborates with consumers, family members, advocates, principal public and private agencies, the provider community, county governments, key legislators, and the public to assure a service system that is fully responsive to the needs of consumers and other constituents. DHS is responsible for the regulation of mental health programs in the state. The CMHS Performance Partnership

Block Grant, Medicaid funding for mental health services and the state appropriation for mental health services is administered through DHS.

The Iowa System of Community-based Substance Abuse Services for Adolescents and Adults is primarily under the control of state government. The DPH is the State Substance Abuse Authority (SSAA). The DPH collaborates with consumers, family members, advocates, public and private agencies, the provider community, county government, key legislators and the public to plan, develop and assure a service system that is responsive to the needs of consumers and significant others. DPH is responsible for the regulation of all substance abuse treatment programs in the state. The Substance Abuse Block Grant as well as the state appropriation for Substance Abuse Treatment and Prevention are administered through DPH.

Responsibility for planning, funding, regulating and administering children's mental health services is shared by a number of state agencies including the DHS/SMHA the Department of Education, DPH, the Department of Human Rights, the Department of Inspections and Appeals, Child Health Specialty Clinics, Area Education Agencies, the Governor's Developmental Disabilities Council, county governments, and public and private school districts.

DHS, as the Iowa SMHA, provides a portion of its federal Center for Mental Health Services Performance Partnership (mental health) Block Grant funds to accredited community mental health centers and other accredited mental health providers to develop and provide evidence based mental health services to children with serious emotional disturbance and adults with serious mental illness.

The Iowa Plan for Behavioral Health (Iowa Plan) is the State's managed care program for Medicaid funded mental health and substance abuse services, substance abuse services funded by federal block grant and state appropriations through DPH, and mental health services funded through the State Payment Program. The Iowa Plan contract is implemented by Magellan Behavioral Care of Iowa (Magellan) under a single statewide contract jointly administered by DHS and DPH.

The Iowa Plan covers a full continuum of behavioral health services ranging from assessment and crisis intervention, including mobile crisis services, through multiple types of outpatient treatment and community supports to residential treatment and inpatient hospitalization. Magellan contracts with providers throughout the state to assure access to services for all eligible Iowans. Providers include behavioral health agencies, licensed substance abuse treatment programs, Community Mental Health Centers, home health providers, hospitals, nurses, psychiatrists, psychologists, social workers, therapists, etc. Potential clients can access services by going directly to a provider or may call 1-800-317-3738 for assistance, 24 hours a day, 365 days a year. No authorization from Magellan is required at any level of service for the DPH substance abuse population or for emergency services to Medicaid enrollees. Magellan's authorization is required for Medicaid inpatient mental health and substance abuse admissions and substance abuse residential treatment. Certain other mental health

services also require authorization. Authorization, where required, is the responsibility of the provider, not the client. Call 1-800-638-8820 with any questions.

Iowa Disaster Human Resource Council. The Iowa Disaster Human Resource Council (IDHRC) is an organization that provides a wide range of assistance to individuals, families and communities following a disaster. Many of Iowa's COADs and VOADs that assist with disaster responding and recovery are members of the IDHRC. The Iowa HLSEM IDHRC coordinator is able to convene meetings and conference telephone calls to organize disaster response efforts, including disaster behavioral health services that are available through the IDHRC. Efforts are made to maximize the use of Iowa's resources without duplicating services. The IDHRC bridges state and local responder roles, such as resources and services provided by county administrators called Central Points of Coordination (CPCs) and EMCs.

DHS, using funds from the Targeted Capacity Enhancement Grant, has provided training to approximately 400 first responders and interested others throughout Iowa in 2004 and 2005 to sensitize these individuals to the behavioral health issues that can accompany disasters of all types. The state has formed a Ready Reserve of disaster behavioral health responders who were selected from among those that attended the basic trainings and who have completed at least 20 hours of advanced instruction. The Ready Reserve can be called into action by the DHS Disaster Mental Health Coordinator, in response to requests by the Governor or the DHS Director. Several members of the IDHRC are also members of the Ready Reserve. The current membership of the IDHRC is indicated in Appendix 2. Appendix 3 depicts a sample Outreach Worker Services Agreement to provide crisis counseling program assistance. Persons who provide CCP services may be paid as funds allow. Funds may be provided by the State, with approval of the Disaster Mental Health Coordinator or by the Federal government as a FEMA-funded ISP or Regular Services Program (RSP).

VI Suggested Elements of County Disaster Behavioral Health Plans

With the understanding that "all disasters are local," planning for response and recovery must also begin locally. Many, if not most, incidents remain local in scope. In the case of behavioral health services, the actions taken when an emergency unfolds depend on the situation. County Emergency Management Agencies are required to complete and maintain local comprehensive Emergency Operations Plans (EOP) consisting of three parts: Response – Part A; Mitigation – Part B; and Recovery – Part C.

County Emergency Operations Plans typically consist of a basic plan plus a set of annexes focused on specific areas, such as Transportation, Administration and Logistics, or Communication. The format of local plans often mirror that of the state plans, which are developed in accordance with federal guidance found in State and Local Guide (SLG) 101: Guide for All-Hazard Emergency Operations Planning. Local annexes are typically found for Health and Medical, and also for Human Services. Within one or both of these annexes may be a section on disaster behavioral health services. Disaster behavioral health services encompass mental health services, treatments for substance misuse and

other addictions, and a broad range of social and emotional supports designed to restore the psychological wellbeing of individuals, their families and communities.

Iowa's DHS and DPH encourage and suggest County EMCs and County Emergency Management Commissions to update appropriate annexes, or develop new ones, that focus on disaster behavioral health. This Annex is a practical way to encompass proactive and responsive services to assist those in need of behavioral health services as a result of an emergency, including individuals and families clearly impacted by the incident, those individuals and families experiencing indirect or delayed impact from the incident, and first responders and others affected by their work in response and recovery. The approach promoted for counties to provide behavioral health services following emergencies/crises/disasters relies on two parts: 1) to sensitize first responders to the mental health and addictions issues that can accompany events; 2) to identify local trained individuals, such as locally available mental health and substance abuse professionals and to conduct outreach and follow-up disaster behavioral health supports to persons affected by events. These services precede State and Federal disaster declarations.

Formal and Informal Behavioral Health Services. A county's EOP will likely include contingencies for both informal and formal behavioral health services in response to an event. Informal behavioral health services are typically provided by local providers and/or agencies such as Red Cross that work in the area in non-disaster times. Most local plans will include a list of these providers and their roles and responsibilities. Table 5 lists a number of local providers of behavioral health supports that may be available for inclusion in county plans. Formal behavioral health services can be engaged when the county emergency manager mobilizes local providers of behavioral health services such as those described in Table 5, to respond to the local emergency.

Elements of a County Disaster Behavioral Health Services Annex. Using SLG 101 and/or the county's current plan format as a model, a Behavioral Health Annex would include the following elements:

1) Purpose of the Annex. Brief explanation of the purpose and scope of the annex, such as to provide active and passive behavioral health services to victims of an emergency and to first preventer/responders.

2) Situation. How hazards may create or increase need for the services to meet different levels of emergency.

3) Assumptions and Planning Factors. Would include expected service providers, and level of demand or need for behavioral health services in different situations.

4) Organization and Responsibilities. Designates leadership (individual and organization) in implementing the Annex and outlines the responsibilities of other supporting organizations. Would include the responsibilities for informal behavioral health services and responsibilities for formal behavioral health

services. May include local providers of behavioral health services such as those mentioned in Table 5, Local Level.

5) Concept of Operations. Outlines organization of and sequence of activities before, during, and after an emergency. Include informal and formal components of behavioral health implementation. Include interaction and reference responsibilities of other local or state agencies included in plans. Include how to request assistance from the State for crisis counseling program services.

6) Addenda and Attachments, as needed.

7) Emergency Checklists, as needed. Develop checklists for responsibilities for each role and/or provider. e.g., behavioral health services coordinator or Red Cross.

Each county's behavioral health plan will be customized to reflect the county's hazards, risks, population, capacity to provide behavioral health services, and other factors. Behavioral health issues have been recognized in recent years as wielding a significant and growing impact on the health and well being of Iowans in urban, suburban, and rural areas. For this reason, active attention to behavioral health is warranted during times of stress, emergency, and disaster of all types.

VII Pre-Disaster Planning

Pre-disaster planning at the State level is consistent with Chapter VI. State pre-disaster planning entails training first responders throughout the state so they are familiar with concepts and issues that can accompany emergencies/crises/disasters of all types. Furthermore, first responders throughout the state should become familiar with appropriate disaster behavioral health resources at the county and state levels so that they can connect persons needing assistance with these resources. Two state-wide training programs using the Iowa Communications Network have been conducted: "Strengthening Iowa's Mental Health and Substance Abuse Response to Disasters, 2004"; and "Stronger Response for a Stronger Iowa" in 2005. Training of first responders regarding matters of behavioral health has been provided in Iowa for many years and will continue in the future. DHS plans to continue to make such trainings available at least every other year, assuming resources continue to be available. Participants in these courses are expected to accomplish the following learning objectives:

- Participants will increase their understanding of mental health and addiction issues that can accompany emergencies/crises/disasters of all types;
- Participants will learn how to improve their capacity to assist others as well as how to improve their own coping skills related to emergencies/crises/disasters;
- Participants will learn how to volunteer for advanced face-to-face training to become members of the Ready Reserve of disaster behavioral health responders who are able to:

- Help assess mental health and addiction problems that can accompany disasters;
- Provide appropriate behavioral health (i.e., mental health and addictions) interventions to victims of disasters who need this assistance;
- Make referrals to community-based service providers for longer term counseling and other services as needed to restore their lives to normal.

- To qualify for the Ready Reserve of disaster behavioral health responders, individuals must satisfy the following criteria:

    - Complete a ten-hour sensitization course and pass a test of knowledge about the course or complete comparable training and/or experience which has been approved by the Iowa Disaster Mental Health Coordinator;
    - Grant permission for background checks with the Iowa Child Abuse Registry, Dependent Adult Abuse Registry and the Iowa Division of Criminal Investigation (DCI) and take appropriate steps in response to any findings that result;
    - Comply with assurances and certifications regarding a smoke-free environment, drug-free workplace and respect for human rights;
    - Agree with the employment terms specified in the Crisis Counseling Program Outreach Worker Services Agreement

Mental health and addictions professionals (e.g., physicians, social workers, psychologists, nurses, mental health counselors, marriage and family therapists, substance abuse counselors) and persons already involved in first responder capacities (e.g., EMTs, law enforcement personnel, EMCs) who have experience in responding to mental health and addiction issues that accompany emergencies/crises/disasters are particularly encouraged to join the Ready Reserve. When not actively engaged in an authorized disaster response, Iowa's Ready Reserve remains in touch with the Disaster Mental Health Coordinator through an e-mail distribution list maintained by DHS. When a state disaster behavioral health response is being considered, information can be shared via emails to all the members of the Ready Reserve. Recent deployments of the Ready Reserve occurred in 2004 in response to floods, tornadoes and other weather events that occurred in May – June and resulted in an ISP and RSP, called "***Iowa Recovers"***, which ended in June 2005. Another deployment occurred in September 2005 to assist persons relocated to Iowa and others affected by Hurricane Katrina in a crisis counseling program called ***"Responding to Katrina"***. Members of the Ready Reserve were also deployed in November 2005 in a state-funded crisis counseling program called ***"Responding to Iowa's Tornadoes, 2005"***, after nine tornadoes struck parts of central Iowa, destroying or causing major damage to approximately 30 homes in Hamilton County, 40 homes in Woodward County and significant damage to homes and businesses in seven other communities.

DHS, through its Disaster Mental Health Coordinator, can implement an Immediate Crisis Counseling Program that is funded by the state of Iowa to provide psychological first aid. As indicated in Table 1 and Table 4, the Governor of Iowa can request an

immediate state-funded crisis counseling program. Members of the Ready Reserve can become temporary part-time employees of a contractor authorized by DHS to provide psychological first aid and follow up crisis counseling program assistance as necessary to assist persons affected by the event. Teams usually consist of an experienced team leader and four to eight outreach workers. The outreach workers usually are deployed in pairs to contact persons affected by the disaster at their homes, places of business or other neutral sites. The outreach workers conduct outreach to identify persons in need of services, screening and assessment, supportive counseling, information and referral for additional resources, including professional mental health and substance abuse assistance as needed, and public education. The outreach workers may also be asked to assist in gathering information to assess the need for a federally funded crisis counseling program. The crisis counseling program services are provided at no cost in a confidential fashion. The crisis counseling program model emphasizes home and community based services, a focus on the strengths and coping skills of the persons needing assistance, and provides psychoeducational assistance and validates what are normal reactions to abnormal situations. The administrators of disaster behavioral health responses rely heavily on the SAMHSA Disaster Technical Assistance Center (DTAC) for guidance and information particular to each emergency/crisis/disaster situation. This guidance includes the following:

- County EMCs and county Emergency Management Commissions are encouraged to undertake their own planning within the county and at other local levels (e.g., city plan, company plan), following the structure of the State Disaster Behavioral Health Plan. County disaster behavioral health planning should entail the same steps that have occurred at the state level. County EMCs are encouraged to undertake the following steps:

    - Specify purposes and goals of the local disaster behavioral health plan;
    - Identify principles that guide the provision of disaster responses;
    - Verify the lines of authority;
    - Specify the scope of services, including available resources, such as those noted in Table 5 of this Plan;
    - Indicate how the county plan connects with the state plan and the steps necessary to request state assistance;
    - Specify any special circumstances, such as a plan for providing disaster behavioral health services if the local area has a nuclear power plant nearby, or in response to a bioterrorism event or other special circumstance;
    - As indicated in Table 4 of this plan, if a crisis counseling program is deemed necessary, application for the ISP is submitted;
    - If the ISP is approved, training of outreach workers is undertaken prior to implementation of the ISP;
    - The ISP continues for a 60 day period beginning on the date of Presidential disaster declaration; meanwhile the need for an RSP is determined;
    - If the RSP is approved, training of RSP outreach workers is undertaken;

- Nine months after the RSP application is approved, the RSP ends unless an extension is approved.

Just as the state disaster behavioral health responders update their training and preparation, local disaster behavioral health responders are encouraged to participate in similar trainings. These trainings are offered from time to time throughout the state. A listing of trainings is available through HLSEM and/or through other state agencies, as they are made available. Local responders are encouraged to undertake drills, which involve local resources. County Disaster Behavioral Health Plans should be updated every three years or more often as necessary. It is particularly important for local planners to be aware of informal resources within their jurisdiction (i.e., usually a city or county). Informal resources frequently change as local groups become interested in disaster responding or as towns grow or decline. The annual State HLSEM Conference is a good place for local disaster behavioral health officials, planners and providers to acquire updated information as well as the HLSEM website.

The county plans should indicate the range of services that can be provided by each resource. For example, physician and medical clinics may be good providers of medication and responses to physical trauma but less effective than local mental health and substance abuse providers for responding to behavioral health issues. County planning should indicate any training requirements and specify how the local disaster behavioral health responders are deployed and supervised. The service area that falls within the county plan should be clarified. For example, the local plan should indicate if it applies only to a specific city or other entity, such as a manufacturing plant.

The following action steps describe efforts to address Pre-Disaster Planning
At the State Level:

- The State will widely disseminate the State of Iowa Disaster Behavioral Health Plan
- The State will offer resources to EMCs, CPCs, and other local stakeholders that can be used to develop local plans
- The following resources were sent to all of the stakeholders above in April of 2005: Communicating in a Crisis Handbook, Disaster Technical Assistance Center Contact Information, Key Concepts in Mental Health Disaster Planning/Response, All Hazards Disaster Mental Health Plan Template (Developed by Maryland), Core Service Agency All Hazards Planning Check List, and Facility All Hazards Check List
- The State of Iowa HLSEM Volunteer Coordinator has access to all of the resources above and will, upon request, work with stakeholders in local communities to address behavioral health planning as a part of overall disaster planning
- The Iowa Department of Human Services has developed and will broadly disseminate two brochures relating to disaster behavioral health planning and services; (See Appendix 5)

- Efforts to update and disseminate all of the above information can and will be coordinated to occur each time this plan is revised, in accordance with the timeline set by HLSEM
- Efforts will continue to be made to have disaster behavioral health addressed at the Governor's Annual Homeland Security Conference
- Presentation and discussion of these planning issues through such forums as the Annual Iowa Mental Health Conference, the Governor's Substance Abuse Conference, meetings of the Mental Health Planning Council, the MHMRDDBI Commission, and the Iowa Disaster Human Resource Council, meetings of provider organizations, EMCs and CPCs throughout the state

At the Local Level:

- All County EMCs, CPCs, Community Mental Health Centers and substance abuse provider organizations will receive the State Disaster Behavioral Health Plan via e-mail and will be encouraged to address behavioral health within local planning efforts
- Members of the IDHRC will receive information about the State Disaster Behavioral Health Plan to take back to local communities and organizations
- Requests for materials for use in planning will be directed to HLSEM, DHS, and DPH
- HLSEM volunteer coordinator will offer technical assistance for inclusion of behavioral health in local planning efforts throughout the state

VIII Disaster Response – Psychological First Aid

Whereas pre-disaster planning occurs prior to the emergency/crisis/disaster, disaster response occurs after a disaster. No two events are alike. State disaster behavioral health responses must be tailored to each unique situation. For example, a protracted drought that affects agricultural producers in the state requires a much different response than a train derailment that causes the release of toxic gases in a local area. Many agencies and organizations might be needed to mitigate the emotional toll that farmers experience during a lengthy severe drought, such as the United States Department of Agriculture Farm Service Agencies, the Small Business Administration, the Iowa State University Extension and the Ready Reserve who can canvass all affected areas of the state and work in concert with the aforementioned agencies and organizations. The work may continue for quite some time, depending on the length and severity of the drought. In contrast, release of toxic gases in a train derailment would require an immediate response to evacuate people from the affected area and supportive counseling to provide immediate reassurance and behavioral health assistance. Depending on the outcome of the gas release, the follow-up Crisis Counseling Program might be relatively brief or protracted.

As illustrated in Figure 1, a response phase usually involves the provision of psychological first aid. Usually heroic actions are undertaken to mitigate the effects of the disaster and to provide immediate stabilization and support. Disaster behavioral health responses at this phase involve the responses such as those described in the Field

Operations Guide published by the National Child Traumatic Stress Network and the National Center for PTSD (September, 2005). Core actions of psychological first aid include the following:

- **Contact and engagement**: To respond to contacts initiated by affected persons, or initiate contacts in a non-intrusive, compassionate, and helpful manner
- **Safety and comfort**: To enhance immediate and ongoing safety, and provide physical and emotional comfort
- **Stabilization** (if needed): To calm and orient emotionally-overwhelmed/distraught survivors
- **Information gathering: Current needs and concerns**: To identify immediate needs and concerns, gather additional information, and tailor psychological first aid interventions
- **Practical assistance**: To offer practical help to the survivor in addressing immediate needs and concerns
- **Connection with social supports**: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family members, friends, and community helping resources
- **Information on coping**: To provide information (about stress reactions and coping) to reduce distress and promote adaptive functioning
- **Linkage with collaborative services**: To link survivors with needed services, and inform them about available services that may be needed in the future

Psychological first aid is typically provided by first responders, such as law enforcement personnel, EMTs, the American Red Cross and other persons who are first to arrive on the scene. Local responders are more apt to be available than responders mobilized by the State. The Iowa Ready Reserve is available, if necessary and can be mobilized within a matter of hours after the Governor has issued a disaster declaration. Typically, a Crisis Counseling Program does not begin until the first responders have left or will soon leave the scene of the event. Psychological first aid is an important part of the "heroic" phase of a disaster. A Crisis Counseling Program usually begins during or after the heroic phase and continues throughout the disillusionment phase up to and sometimes during the reconstruction phase. The steps to develop a behavioral health response to emergencies/crises/disasters include the following:

- Describe and document the event;
- Conduct a disaster response needs assessment;
- Identify persons affected by the disaster and plan for services that are needed;
- Outline the ISP;
- Identify the various agencies involved in the Crisis Counseling Program disaster response and recovery operations;
- Prepare and submit the ISP Application by day 14.

The following describes action steps during Disaster Response
At the State Level:

- When a disaster strikes in Iowa, the state will immediately take steps to implement the time line identified in Table 4, page 15
- County EMCs and CPCs are contacted by the Disaster Mental Health Coordinator and asked to activate their local plans. They will also be directed to the State of Iowa Disaster Behavioral Health Plan for information not found in the disaster notification
- The Iowa Disaster Human Resource Council is convened within hours or days of the occurrence of any significant event(s). Information will be gathered and shared among the membership and behavioral health issues and needs assessed
- Local providers of behavioral health services will be contacted by the Disaster Mental Health Coordinator and/or Disaster Substance Abuse Coordinator for notification and requested to implement local response plans
- Local communities and stakeholders will provide information regarding unmet needs that will be used to inform the state's response and guide the pursuit of federal resources if/when needed

At the Local Level:

- All County EMCs, CPCs, Community Mental Health Centers and substance abuse provider organizations will receive the notification of an event in the local area, with request to activate local behavioral health response
- Members of the IDHRC will receive information about the State disaster situation and will advise and assist in the response, including the behavioral health response
- Any and all stakeholders will be convened as required by HLSEM and/or as needs are seen by the Disaster Mental Health Coordinator, as related to implementation of the plan and activation of further resources and response

IX Recovery From Disaster

As shown in Table 4, an ISP may begin if a Presidential disaster declaration has been made which includes individual assistance to allow application for federal crisis counseling program funds. An ISP application must be submitted within 14 days after Presidential declaration. If the ISP is approved, the crisis counseling program is approved for a 60 day period beginning on the date of Presidential disaster declaration. As soon as possible after the ISP is approved, mandatory training of ISP outreach workers is undertaken. The outreach workers and other ISP staff begin the assessment of the need for a RSP. If the need for an RSP has been determined, the RSP application must be submitted before the 60 day ISP expires.

If the RSP application is not approved, the federally funded crisis counseling program ends. Usually the ISP can be extended, with approval of FEMA, while the RSP application is being reviewed. If the RSP is approved, mandatory training of RSP outreach workers is undertaken as soon as possible thereafter. Often the RSP outreach workers include ISP outreach workers, but adjustments can be made in the workforce to match the needs of the target population. Nine months after the RSP application is approved, the RSP ends unless an extension has been approved.

The ISP and RSP are independent, that is, federal funds for the ISP cannot be carried over to the RSP. The ISP and RSP crisis counseling programs focus on helping individuals, families, groups and communities. Crisis counseling program services are free, confidential and anonymous, consisting of individual counseling, group counseling, group educational services and distribution of outreach materials. The ISP and RSP services are provided to people affected by the disaster at their homes, businesses and in their communities and other neutral sites. Training of outreach workers is provided prior to the ISP and again prior to the RSP and at several phases during the RSP: initial skill building and team building, mid-phase training, close-out training and final debriefing. Crisis counseling program services gradually make a transition from individual to community-based assistance. Emphasis is placed on self determination and empowerment of individuals and communities. Referral for professional mental health and substance abuse treatment may be undertaken as needed. The crisis counseling program may include an independent evaluation component.

County disaster behavioral health plans should specify local resources for providing psychological first aid and for longer term disaster behavioral health responses. Clear lines of authority and mobilization should be specified. The plan should take into account special populations within the local area that made need assistance, such as people with disabilities, children, low income families, minorities, special cultural groups (e.g., Amish or Mennonite communities), and other population groups (e.g., farm families). Training of local providers can be a useful educational endeavor. There are several excellent resources that can be used to assist in the training of state and local disaster behavioral health responders, including these:

- DeWolfe, D.J. (2000). Training manual for mental health and human service workers in major disasters (2nd ed.) Substance Abuse and Mental Health Services Administration: DHHS Publication No. ADM 90-538.
- Evans, G.D. and Wiens, B.A. (Eds.) (2004). Triumph over tragedy: A community response to managing trauma in times of disaster and terrorism. Gainesville, FL: University of Florida, National Rural Behavioral Health Center.
- US Department of Health and Human Services (2005). A guide to managing stress in crisis response professions. Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, DHHS Publication No. SMA 4113.
- All Hazards Response Planning for State Substance Abuse Service Systems: www.samhsa.gov/csatdisasterrecovery/preparedness/allhazardsresponseplanningforstate.pdf.

An important consideration in disaster behavioral health responses is the management of risk communications. An excellent guide to managing communications is the following:

- United States Department of Health and Human Services (2002). Communicating in a crisis: Risk communications guidelines for public officials. Rockville, MD: Substance Abuse and Mental Health Services Administration, Publication: SMA 02-3641, available at www.riskcommunication.samhsa.gov.

It is recommended that a communications officer should be appointed who is the official representative of the disaster behavioral health response. It is generally best if the communications officer is a public official who has training, experience and authority. Press releases can be useful. It is important that the providers of disaster behavioral health services participate in regular briefings. The Iowa Concern Hotline (1-800-447-1985) can be a useful means of enabling persons affected by disasters to contact Crisis Counseling Program outreach workers. Often the Iowa HLSEM uses the Iowa Concern Hotline to gather information about the scope of a disaster and to record information about needs for services, donations of food, clothing, money and services and to provide stress management assistance to disaster responders.

Typically when a state-funded or federally funded disaster response is implemented, the Iowa HLSEM and/or the IDHRC conduct telephone conference calls with disaster responders as necessary. The Iowa Ready Reserve, when mobilized, has adopted a similar approach. The administrative staff for a Crisis Counseling Program (i.e., DHS, contractor staff, team leaders, outreach workers, and other officials as necessary) confers in conference calls at least weekly and sometimes more often as necessary. The team leaders confer with their team members in face-to-face meetings and by telephone and/or email.

A gap in the current state disaster behavioral health response is lack of a readily available pool of funds to implement an immediate Crisis Counseling Program in the state. A small reserve fund specifically designated for responding to disasters would be helpful. Similarly, a county reserve fund specifically for disaster behavioral health services is recommended.

When a Crisis Counseling Program is implemented at the state level, whether funded by the State or Federal funds, the outreach workers and team leaders contact local behavioral health responders and other local resources involved in responding to the disaster (e.g., EMCs, CPCs, local providers and other persons who can offer resources following a disaster). When necessary, the outreach workers connect persons in need of professional behavioral health services with local providers.

The following describes action steps during Disaster Recovery
At the State Level:

- The State will continue taking steps to implement the time line identified in Table 4, page 15 of this document, and the Iowa Emergency Operations Plan – Part A Response, Annex L; and the Iowa Emergency Operations Plan – Part B Recovery, Annex S. The steps and timeline outlined here are a synopsis of the process and are not intended to replace the more detailed guidance found in the plans and annexes noted above
- The Disaster Mental Health Coordinator will continue to communicate with County EMCs, CPCs, local behavioral health services providers and any other stakeholders who are or need to be engaged in the response

- Continuous communication will occur between State and local agencies engaged in the response, led by HLSEM, and including any and all state agencies and the IDHRC

At the Local Level:

- All County EMCs, CPCs, Community Mental Health Centers and substance abuse provider organizations will communicate regarding activities and unmet needs; information will be used to inform and strengthen the response
- If/when state or federal resources and responses are implemented, such as a crisis counseling program, the IDHRC, EMCs, CPCs, and local providers will be kept informed and will continue to provide information regarding unmet needs and assessment of the response in their communities
- Any and all stakeholders will be convened as required by HLSEM and/or as needs are seen by the Disaster Mental Health Coordinator, as related to implementation of the plan and activation of further resources and responses

X Post-recovery

Recovery is an individual process; not everyone recovers in the same way or at the same pace following a traumatic event. Recovery occurs not only for individuals, but also for families, communities, and even an entire state or country.

As Figure 1 shows, post-recovery is the final stage of response to an emergency/crisis/disaster. Usually completion of recovery does not necessarily indicate a return to the pre-disaster level of functioning, but at attainment of a new level that takes into account newly acquired skills, information and resources. Recovery is generally a long-term process.

Recovery can be hampered and extended by anniversaries and reminders of the trauma that produced behavioral health consequences. Post Traumatic Stress Disorder (PTSD), a common reaction to emergencies/crises/disasters, involves recurrence of anxiety, apprehension and uncertainty that was associated with the initial traumatic event. As persons recognize that symptoms may reoccur when anniversaries or reminders of the traumatic event happen, most recognize that it is normal to become alarmed once again. After all, alarm is a safety mechanism that prepares an individual to deal with a threat. When the alarm reaction continues unabated, however, then persons may need referral for professional mental health and/or substance abuse treatment to alleviate the continuing distress. Most persons return to "good functioning" without professional assistance; Crisis Counseling Program is an ideal intervention for the vast majority of people. Critical Incident Stress Debriefing (CISD) is a method of helping individuals affected by a traumatic event to share their observations and reactions of the traumatic event and to process their feelings and concerns. CISD is often undertaken by trained facilitators with such groups as first responders following a particularly gripping event, such as a suicide, or a severe auto crash that has led to fatalities and/or severe injuries. CISD is often useful during or shortly after the psychological first aid stage. When undertaken several weeks or longer after the catastrophic event, CISD may sometimes trigger resurgence of anxiety

that had previously quelled. The psychological debriefing that occurs with CISD may be useful for early interventions but most research studies have questioned the assumption that experience of trauma is the only factor that needs to be considered. In other words, CISD does not take into account that many complex factors determine whether a person recovers naturally from trauma or develops serious problems, such as PTSD (Evans and Wiens, 2004).

Recovery and reconstruction involve finding a "new normal". While most persons are able to achieve a "new normal," other individuals may experience long term mental health impacts, which may include persistent PTSD, anxiety or depression. Sometimes substance misuse worsens. Some individuals may experience conflicts with their marital partners and other family members. Unresolved grief and survivor's guilt may occur. Outreach workers providing Crisis Counseling Program must be vigilant to observe these signs as they contact individuals, families and as they work with entire communities.

The RSP is designed to promote recovery. Most individuals and communities return to a "new normal" within three – six months after the emergency/crisis/disaster. The length of the RSP, usually nine months after the end of the ISP, allows for a gradual transition to recovery. Trainings are undertaken with Crisis Counseling Program providers to help them work with individuals and communities to achieve recovery. Often individual and community recovery involves special events, such as "recovery celebrations." These celebrations often are held in conjunction with finishing a rebuilding project, one-year anniversaries after traumatic events such as a hurricane or tornado, and around special times such as Thanksgiving Day.

County disaster behavioral health planning should also entail procedures to determine recovery. For example, the community of Bradgate, IA that was nearly completely destroyed by a tornado on May 21, 2004 celebrated the community's recovery on May 21, 2005 with the installation of a memorial flower garden in the center of the town. Nearly everyone living in the town and the people who helped with the disaster response and recovery attended the event. Booklets with stories of survivors were handed out to all. The ***Iowa Recovers*** Crisis Counseling Program providers who worked in the community attended this event.

With recovery comes the realization that emergencies/crises/disasters can happen to anyone but that the traumatic events do not need to keep people from leading happy and productive lives. The knowledge gained from "working through" the behavioral health issues that accompany an emergency/crisis/disaster is a significant reward. Survivors of disasters usually go on to be some of the most capable individuals who can bolster other persons' resilience. Successful recovery is an inspiration!

XI Evaluation and Revisions of the Plan

Whenever a disaster behavioral health response involving a Crisis Counseling Program in Iowa is undertaken at the state level, an independent evaluation will comprise an important part of the project. Evaluation allows measurement of the effectiveness of the

services and provides data useful for service improvement. The State Disaster Mental Health Coordinator can request and contract for an independent evaluation. If a Crisis Counseling Program is mounted which entails an ISP and RSP, usually funds can be requested from FEMA to pay for the independent evaluation. . It is recommended that whenever an independent Crisis Counseling Program evaluation is undertaken, an organization or company that has experience in program evaluation should implement it. All records and information pertaining to Crisis Counseling Programs that are implemented by the State will be kept by DHS for a minimum of three years or as required by the federal funder.

Using evaluation data and other information, updates to the State Disaster Mental Health Plan will be undertaken as required. The Disaster Mental Health Coordinator will initiate the review process on a time line to be identified by HLSEM and/or DHS.

It is recommended that county EMCs and emergency management commissions periodically evaluate the effectiveness of their local disaster behavioral health services, if possible. Although formal evaluations often are difficult for small communities and counties, informal evaluations consisting of consumer satisfaction surveys and/or self assessments by providers of behavioral health services can be used to gauge the effectiveness of these services. Furthermore, the county disaster behavioral health plans should be updated every three years in a fashion similar to the updates undertaken at the State level.

As this plan is implemented, Iowa's response to behavioral health issues that accompany emergencies/crises/disasters of all types will improve. The people of Iowa will benefit if these need services are made available when disasters, crises, and emergencies of all types occur.

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APPENDICES

APPENDIX 1

Members of the Disaster Behavioral Health workgroup, which developed this Iowa Disaster Behavioral Health Plan.

- Ben Banowetz, representative of State Public Policy Group, Des Moines (workgroup secretary)
- Margie Conrad, representative of the Iowa Chapter of the American Red Cross (participant)
- Ousmane Diallo, Fellow, representative of the Center for Disease Control/Health Resources Services Administration Grant, Iowa Department of Public Health (participant)
- Ardis Glace, Executive Director, Iowa Substance Abuse Program Director's Association (participant)
- Jay Hansen, Executive Director of Prairie Ridge (substance abuse provider) and President, Iowa Association of Substance Abuse Providers (participant)
- Gena Hodges, Disaster Substance Abuse Coordinator, Iowa Department of Public Health (DPH representative on the Targeted Capacity Enhancement Grant)
- Arlinda McKeen, representative of State Public Policy Group, Des Moines (assistant Plan editor)
- Mary Nelson, Administrator, Division of Behavioral, Developmental and Protective Services for Families, Adults and Children, Iowa Department of Human Services (co-chair)
- Jim Overland, Bureau Chief, Iowa Department of Human Services (participant)
- Michael Rosmann, Executive Director, AgriWellness, Inc., Harlan (Iowa Department of Human Services contractor on this project and editor of this Plan)
- Tom Slater, CEO, State Public Policy Group (Iowa Department of Human Services contractor on this project)
- Patrick Smith, Executive Director, Northeast Iowa Mental Health Center (participant)

- Lila Starr, Disaster Mental Health Coordinator, Iowa Department of Human Services (principal investigator, Targeted Capacity Expansion Grant, person with primary responsibility for implementation of this plan)

- Kathy Stone, Associate Executive Director, Magellan Behavioral Care of Iowa (participant)

- Craig Syata, Executive Director, Iowa Association of Community Providers (participant)

- Joyce Winningham, representative of Iowa Homeland Security and Emergency Management and coordinator, Iowa Disaster Human Resource Council (participant)

- Ken Zimmerman, Director, Mental Health Center of North Iowa and representative of the Iowa Association of Community Providers (participant)

- Steve Zimmerman, Bureau Chief, Mitigation/Recovery, Iowa Homeland Security and Emergency Management (participant)

- Janet Zwick, Administrator, Division of Behavioral Health and Professional Licensure, Iowa Department of Public Health (co-chair)

APPENDIX 2

Iowa Disaster Human Resource Council, January, 2006*

- Adventist Community Services
- AgriWellness, Inc.
- American Baptist Men
- American Red Cross, Iowa Chapter
- Animal Rescue League of Iowa
- Baptist Convention of IA-Southern Baptist
- Best Buddies Iowa
- Boone County Disaster Assistance Committee
- Buchanan County Emergency Management
- Chickasaw County Emergency Management
- Church World Service Emergency Response Program
- Classis North Central
- Classis Pella Deacon's Conference
- Des Moines County Emergency Management
- Disaster Child Care
- Episcopal Diocese of Iowa
- Food Bank of Iowa
- Friends Disaster Service
- Iowa Conference of the United Methodist Church
- Iowa Department of Human Services
- Iowa Department of Public Health
- Iowa Department of Public Health/Bureau of EMS
- Iowa Department of Public Health/Disability and Violence
- Iowa Division of Latino Affairs
- Iowa Homeland Security and Emergency Management
- Iowa Interfaith Disaster Recovery Network
- Iowa Mennonite Disaster Services
- Iowa Protection and Advocacy Services
- Iowa Psychological Association Disaster Response Team
- Iowa State University Extension Program
- Iowa State University Extension/Iowa Concern Hotline
- Lutheran Services in Iowa
- Nechama Jewish Response to Disaster
- National Elks Association
- Office of the Governor and Lt. Governor-Iowa Commission on Volunteer Services
- Polk County Emergency Management Agency
- Polk County Health Department
- Region VII Citizen Corps

- Rotary District 6000
- Southern Baptist Convention of Iowa
- Story County Coalition for Disaster Recovery
- The Church of the Brethren/Northern Plains District
- The Humane Society of the United States
- The Iowa Commission on Volunteer Service
- The Iowa Finance Authority
- The Salvation Army
- United Neighbors-R.S.V.P.
- United States Attorney's Office
- USDA Farm Service Agency
- USDA Rural Development

*http://www.iowahomelandsecurity.org/asp/programs/idhrc.asp

APPENDIX 3

GLOSSARY OF TERMS

ARC – American Red Cross, a private nonprofit organization that provides disaster relief services.

CCP – Crisis Counseling Program; the Crisis Counseling Program is the FEMA model of counseling assistance which may be implemented after a Presidential declaration has been made which warrants individual assistance.

CISM – Critical Incident Stress Management; a method of working with emergency personnel and survivors to help them adjust to a disaster/crisis event.

CMHS – Center for Mental Health Services, an organizational unit of the Federal Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, which administers mental health funds and programs.

COAD – Community Organizations Active in Disasters; there are local community groups in some counties and communities that maintain an organization to assist with local community disaster responses.

CPC – Central Point of Coordination; the CPC is a county official who is mandated by Iowa law to coordinate mental health and substance abuse services in the county and to ensure that all persons with disabilities who reside in the county receive the social, behavioral and other services they need.

DCI – Division of Criminal Investigation of the Iowa Department of Public Safety.

DHS – Department of Human Services; when used in this document, DHS refers to the Iowa Department of Human Services.

DPH – Department of Public Health; when used in this document, DPH refers to the Iowa Department of Public Health.

DTAC – Disaster Technical Assistance Center operated by the SAMHSA, which is available to provide information and resources to assist state and local (county) entities with disaster planning and program implementation.

EMC – Emergency Management Coordinator, a local official, usually at the county level, who coordinates emergency responses to disasters/crisis events at the local (county) level.

EMT – Emergency Medical Technician, a person who provides emergency health services in response to a health threat such as an injury to one or more persons.

EOP – Emergency Operations Plan.

FEMA – Federal Emergency Management Agency; a Federal agency within the Federal HLSEM that provides financial and other types of assistance to governmental entities following a disaster/crisis event.

HLSEM – Homeland Security and Emergency Management; the term "Iowa HLSEM" refers to the Division of Homeland Security and Emergency Management within the Iowa Department of Public Defense; the term "Federal HLSEM" means the US Department of Homeland Security and Emergency Management.

IDHRC – Iowa Disaster Human Resource Council; sponsored by the Iowa HLSEM, the IDHRC includes most of Iowa's volunteer organizations that assist in disasters.

IMAC – Iowa Mutual Aid Compact, which is an arrangement involving 28E agreements among counties to provide assistance to other counties covered by the 28E agreement when the need for response exceeds the capacity of a county to respond adequately.

ISP – Immediate Services Program; a grant awarded by FEMA to states to implement a Crisis Counseling Program for 60 days after a Presidential declaration of a disaster/crisis event.

MH/SA – Mental Health/Substance Abuse.

PTSD – Post traumatic stress disorder.

RSP – Regular Services Program; a FEMA grant that continues the Crisis Counseling Program for an additional period of time, usually nine months, after the Immediate Services Program ends.

SAMHSA – Substance Abuse and Mental Health Services Administration of the Federal Department of Health and Human Services.

SLG – State and Local Guide 101: Guide for All-Hazard Emergency Operations Planning.

SMHA – State Mental Health Authority, which in Iowa is the Department of Human Services.

SSAA – State Substance Abuse Authority, which in Iowa is the Department of Public Health.

VOAD – Voluntary Organizations Active in Disasters; there are local volunteer groups in some counties and communities that maintain an organization to assist with local disaster responses.

APPENDIX 4

RECOMMENDATIONS

- Iowa shall maintain a Ready Reserve of trained disaster behavioral health responders. It is further recommended that the State develop a fund to support and maintain the Ready Reserve when not actively deployed. At a minimum, maintenance of the Ready Reserve shall entail the maintenance of a database and distribution list and an annual one day refresher course. A website should also be considered and supported if possible. The website would be used to communicate with the members of the Ready Reserve, to announce relevant trainings, to inform stakeholders and the public of other events and information about disaster and crisis readiness and response in Iowa. The website can also be used to announce emergencies/crises/disasters and to post information on the need for assistance, press releases, and other information that may be useful to the public.

- It is recommended that the name, ***Iowa Recovers***, should be reserved for Crisis Counseling Program when they are implemented within Iowa and when appropriate. Other names for a Crisis Counseling Program may also be used as appropriate.

- The work group that developed this plan recommends that behavioral health concepts should be integrated throughout the Iowa Homeland Security Strategy. The steps for implementing an Iowa Disaster Behavioral Health Response are indicated in Figure 4. Essentially, an Iowa Disaster Behavioral Health Response can be requested and implemented whenever necessary by HLSEM through the Governor's declaration. If the need for behavioral health assistance exceeds local and state resources, federal resources may be requested and implemented, if a federally funded Crisis Counseling Program is approved.

APPENDIX 5

IOWA DISASTER BEHAVIORAL HEALTH BROCHURES
(SEE ATTACHMENTS)